

EXHIBIT C

U.S. Department of Justice
Bureau of Alcohol, Tobacco, Firearms and Explosives

Application for Federal Firearms License

For ATF Use Only

9-91-02117

1. Name of Owner or Corporation (If partnership, include name of each partner)

Troy A. Wiktorek Sr

Roy L.S. Alloway

Renegade Guns and Loan LLC

2. Trade or Business Name, if any

Renegade Guns and Loan LLC

5. Business Address (RFD or street number, city, State, and ZIP code) (NOTE: The business address CANNOT be a P.O. Box.)

1912 Olympic Hwy North #101
Shelton, WA 98584

3. Employer Identification Number (EIN#) or Social Security Number (SSN is Voluntary) [REDACTED]

4. Name of County in Which Business is Located

Mason County

6. Mailing Address (If different from address in item #5)

POB 2112
Shelton, WA 98584

7. Contact Numbers (Include Area Code)

Business Phone 360-507-4162

Fax Number _____

Cell Phone 360-507-4162

24 Hour Emergency # (If different) _____

8. Applicant's Business is (Select one)

 Individually Owned A Partnership A Corporation Other (Specify) LLC

9. Describe Specific Activity Applicant is Engaged in, or Intends to Engage in, Which Requires a Federal Firearms License. (Sale of ammunition alone does not require a license.)

New and Used Firearm Sales

10. Do You Intend to Engage in Business as a Pawnbroker?

 Yes No

11. Application is Made For a License Under 18 U.S.C. Chapter 44 as a: (Place an "X" in the appropriate box. Submit the fee noted next to the box with the application. Licenses are issued for a 3-year period. See instruction #13 for payment information.)

| Type | Description of License Type | Fee |
|-------|--|---|
| 01/02 | Dealer (01), Including Pawnbroker (02), in Firearms Other Than Destructive Devices (Includes: Rifles, Shotguns, Pistols, Revolvers, Gunsmith activities and National Firearms Act (NFA) Weapons) | \$200 <input checked="" type="checkbox"/> |
| 06 | Manufacturer of Ammunition for Firearms Other Than Ammunition for Destructive Devices or Armor Piercing Ammunition | \$30 <input type="checkbox"/> |
| 07 | Manufacturer of Firearms Other Than Destructive Devices | \$150 <input type="checkbox"/> |
| 08 | Importer of Firearms Other Than Destructive Devices or Ammunition for Firearms Other Than Destructive Devices, or Ammunition Other Than Armor Piercing Ammunition (NOTE: Importer of handguns and rifles, see instruction #8.) | \$150 <input type="checkbox"/> |
| 09 | Dealer in Destructive Devices. | \$3000 <input type="checkbox"/> |
| 10 | Manufacturer of Destructive Devices, Ammunition for Destructive Devices or Armor Piercing Ammunition | \$3000 <input type="checkbox"/> |
| 11 | Importer of Destructive Devices, Ammunition for Destructive Devices or Armor Piercing Ammunition. (See instruction #8) | \$3000 <input type="checkbox"/> |
| | | Total Fees \$ <u>200.00</u> |

12. Method of Payment (Check one)

Check (Enclosed) Cashier's Check or Money Order (Enclosed) Visa Mastercard American Express Discover Diners Club

| | | |
|--------------------------------------|---|--------------------------------|
| Credit/Debit Card Number (No dashes) | Name as Printed on Your Credit/Debit Card | Expiration Date (Month & year) |
|--------------------------------------|---|--------------------------------|

| | |
|-------------------|--|
| Credit/Debit Card | Address: |
| Billing Address: | City: _____ State: _____ Zip Code: _____ |

Please Complete to Ensure Payment is Credited to the Correct Application:

I am Paying the Application Fee for the Following Person, Corporation, or Partnership:

Total Application Fees:
\$

I Authorize ATF to Charge my Credit/Debit Card the Above Amount.

Signature of Cardholder _____

Date _____

Your credit/debit card will be charged the above stated amount upon receipt of your application. The charge will be reflected on your credit/debit card statement. In the event a license/permit is NOT issued, the above amount will be credited to the credit/debit card noted above.

ATF Form 7 (5310.12)
Revised May 2005

ALLOWAY000445

| | | | | | | | | | | |
|---|---|--|---|---|---------------------|---|---------------------|-------------------------|--|--|
| 13. Hours of Operation of Applicant's Business (Must be completed) | | | | | | | | | 14. Is Applicant Presently Engaged in a Business Requiring a Federal Firearms License? (If "Yes," answer 14a.) | |
| Time | Sun | Mon | Tues | Wed | Thu | Fri | Sat | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Open | | 10:00 AM 6:00 pm | 10:00 AM 6:00 PM | 10:00 AM 6:00 PM | 10:00 AM 6:00 PM | 10:00 AM 6:00 PM | 10:00 AM 6:00 PM | | 14a. Present Federal Firearms License Number | |
| Close | X | | | | | | | | | |
| 15. If You Have Served in the Armed Forces, Provide the Service Serial Number and Military Branch. | | | | | | | | | | |
| 16. Applicant's Business Premises Are <input type="checkbox"/> Owned <input checked="" type="checkbox"/> Leased/Rented <input type="checkbox"/> Military IF RENTED OR LEASED, PLEASE PROVIDE THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE PROPERTY OWNER. Name and Address of Property Owner (If applicable) Mike Fox | | | | | | | | | 17. Indicate Type of Business Premises Zoned Commercial: <input checked="" type="checkbox"/> Store Front <input type="checkbox"/> Office <input type="checkbox"/> Rod & Gun Club <input type="checkbox"/> Military Base <input type="checkbox"/> Other (Specify) . | |
| Telephone Number of Property Owner (If applicable) 360-239-1714 | | | | | | | | | Zoned Residential: <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Condominium/Apartment <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Public Housing | |
| 18. Do You Intend To Make a Profit from Your Business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If no, do not submit application) | | | | | | | | | 19. Do You Intend to Use Your License Only to Acquire Personal Firearms? <input type="checkbox"/> Yes (If yes, do not submit application.) <input checked="" type="checkbox"/> No | |
| 18a. Do You Intend To Sell Firearms Only at Gun Shows? <input type="checkbox"/> Yes (If yes, do not submit application) <input checked="" type="checkbox"/> No | | | | | | | | | If Business was Obtained From Someone Else, Provide the Following Information. | |
| 20. Name of Previous Business | | | | | | | | | 21. Federal Firearms License Number | |
| 22. Provide the Information Required for Each Individual Owner, Partner, and Other Responsible Persons in the Business. See Instruction #10 for Responsible Person Definition. If a Female, List Any Given, Married, and Maiden Names, e.g., "Mary Alice (Smith) Jones," Not "Mrs. John Jones." (If additional space is needed, use a separate sheet.) Each Responsible Person Must Complete All Information in this Section. | | | | | | | | | | |
| Full Name | Position and Social Security Number (Social Security Number is Voluntary) | Home Address Please provide every address you have had in the last 5 years. | Country of Citizenship List more than one, if applicable. Nonimmigrant aliens must complete all information in item #23. | Place of Birth (City, State, or Foreign Country) | Date of Birth | Race and Ethnicity (Please check one or more boxes) | Sex | Residence Telephone No. | | |
| Troy Anthony Wiktorek sr | OWNER | 1360 Somers Dr Selton, WA 98584 | USA | Bremerton WA | | <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White | M | 360-507-4116 | | |
| Joy Lee Seth Alloway | OWNER | 946 B Phillips Apt 600 Orchard 98344 | USA | Torrance CA | 4/6/54 | <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White | M | 360-876-0144 | | |

| | | | | | | | | |
|-----------|--|---|---|---|---------------|--|-----|-------------------------|
| Full Name | Position and Social Security Number (Social Security Number is Voluntary) | Home Address <i>Please provide every address you have had in the last 5 years.</i> | Country of Citizenship <i>List more than one if applicable. Nonimmigrant aliens must complete all information in item #23.</i> | Place of Birth (City, State, or Foreign Country) | Date of Birth | Race and Ethnicity <i>(Please check one or more boxes)</i> | Sex | Residence Telephone No. |
| | | | | | | <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White | | |
| | | | | | | <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White | | |

23. Nonimmigrant Alien Certification of Compliance With 18 U.S.C. 922(g)(5)(B). If additional space is needed, use a separate sheet.

18 U.S.C. 922(g)(5)(B) generally makes it unlawful for any nonimmigrant alien to ship or transport in interstate or foreign commerce, or possess in or affecting commerce, any firearms or ammunition; or to receive any firearms or ammunition which have been shipped or transported in interstate or foreign commerce. All nonimmigrant aliens listed in item 22 must complete the following information certifying compliance with 18 U.S.C. 922(g)(5)(B).

A. Name of Person Certifying Compliance Last: Wiktorek First: Troy Middle Initial: A.

B. Immigration and Customs Enforcement (ICE) Issued Alien Number or Admission Number (Previously INS Number):

C. Are you in possession of a valid hunting license or permit lawfully issued in the United States? Yes No

1. If you answered "NO," you likely cannot lawfully possess a firearm and therefore cannot be a Federal firearms licensee.
2. If you answered "YES," complete the following information, and attach a copy of the license or permit to the application.

2188-000-1327

WA

Hunting License or Permit Number, if any

State of Issuance

Expiration Date, if any

| Give Full Details on a Separate Sheet for All "Yes" Answers in Items 24 and 25. | | Yes | No |
|---|--|--------------------------|--|
| 24. Has Applicant or any Person Referred to in Item 22 Above: | A. Held a Federal Firearms License? | <input type="checkbox"/> | <input checked="" type="checkbox"/> No |
| | B. Been Denied a Federal Firearms License? | <input type="checkbox"/> | <input checked="" type="checkbox"/> No |
| | C. Been an Officer in a Corporation Holding a Federal Firearms License? | <input type="checkbox"/> | <input checked="" type="checkbox"/> No |
| | D. Been an Employee of a Federal Firearms Licensee? | <input type="checkbox"/> | <input checked="" type="checkbox"/> No |
| | E. Had a Federal Firearms License Revoked? | <input type="checkbox"/> | <input checked="" type="checkbox"/> No |
| 25. Is Applicant or any Person Named in Item 22 Above: | A. Charged by Information or Under Indictment in any Court for a Felony, or any Other Crime for Which the Judge Could Imprison You for More Than One Year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> No |
| | B. A Fugitive from Justice? | <input type="checkbox"/> | <input checked="" type="checkbox"/> No |
| | C. An Alien Who is Illegally or Unlawfully in the United States? | <input type="checkbox"/> | <input checked="" type="checkbox"/> No |
| | D. Under 21 Years of Age? | <input type="checkbox"/> | <input checked="" type="checkbox"/> No |
| | E. An Unlawful User of, or Addicted to, Marijuana, or any Depressant, Stimulant or Narcotic Drug, or any other Controlled Substance? | <input type="checkbox"/> | <input checked="" type="checkbox"/> No |
| | F. Subject to a Court Order Restraining Him/Her from Harassing, Stalking, or Threatening his/her child or an Intimate Partner or Child or Such Partner? | <input type="checkbox"/> | <input checked="" type="checkbox"/> No |

| Give Full Details on a Separate Sheet for All "Yes" Answers in Item 26. | | Yes | No |
|---|--|-----|----|
| 26. Has Applicant or any Person Named in Item 22 Ever: | A. Been Convicted in any Court of a Felony, or any other crime for which the Judge Could Have Imprisoned You for More Than One Year, Even if You Received a Shorter Sentence, Including Probation? | | No |
| | B. Been Discharged from the Armed Forces Under Dishonorable Conditions? | | No |
| | C. Been Adjudicated as a Mental Defective, Which Includes Having Been Adjudicated Incompetent to Manage Your Own Affairs, or Been Committed to any Mental Institution? | | No |
| | D. Renounced United States Citizenship? | | No |
| | E. Been Convicted in any Court of a Misdemeanor Crime of Domestic Violence? (See definition #3) | | No |

¹ "Information" is a formal accusation of crime made by a prosecuting attorney, as distinguished from an indictment presented by a grand jury.
² You may answer NO if (a) you have been pardoned for the crime or (b) the conviction has been expunged or set aside or (c) your civil rights have been restored AND you are not prohibited from possessing or receiving any firearms under the law where the conviction occurred.

27. Applicant Certification (Please read and Initial each box)

The business to be conducted under the Federal Firearms License is not prohibited by State or local law at the premises shown in Item 5. This includes compliance with zoning ordinances.

Within 30 days after the application is approved, the business will comply with the requirements of State and local law applicable to the conduct of business.

Business will not be conducted under the license until the requirements of State and local law applicable to the business have been met.

A completed copy of this form has been sent (mailed or delivered) to the Chief Law Enforcement Officer of the locality in which the premises is located. (See Instruction #5.)

As required by 18 U.S.C. 923 (d)(1)(G), I certify that secure gun storage or safety devices will be available at any place in which firearms are sold under this Federal Firearms License to persons who are not licensees.

Name of Chief Law Enforcement Officer (CLEO)

Terry Davenport

CLEO's Address (Include no., street, city, county, State, and ZIP Code)

525 W Cota St. Shelton, WA 98584 Mason Co.

28. Certification: Under the penalties imposed by 18 U.S.C. 924, I declare that I have examined this application and the documents submitted in support thereof, and to the best of my knowledge and belief, they are true, correct and complete. This signature, when presented by a duly authorized representative of the Department of Justice, will constitute consent and authority for the appropriate Department of Justice representative to examine and obtain copies and abstracts of records and to receive statements and information, regarding the background of all responsible persons. Specifically, I hereby authorize the release of the following data or records to ATF: Military information/records, medical information/records, police and criminal records.

Sign *S.A. W. Davenport*
Here

Title Member LLC

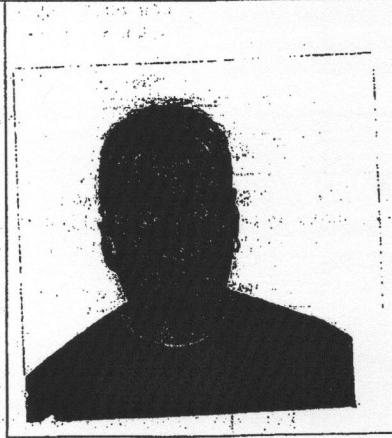
Date 08/16/04

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29. Application is Approved Denied Reasons for Denial of Application

Signature of Licensing Official

Date



Information for the Chief Law Enforcement Officer

This form provides notification of a person's intent to apply for a Federal firearms license. It requires no action on your part. However, should you have information that may disqualify the person from obtaining (404) 417-2750. A "Yes" answer to items #24, #25, and #26 could result in a denial of the license. If the business would be in violation of State or local law.

